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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Attorney Docket Number		MSI108USA
First Named Inventor		Goff et al.
COMPLETE IF KNOWN		
Application Number		10/643,719
Filing Date		08/18/2003
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below and to my best

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention set forth.

SWAGING TECHNOLOGY

the specification of which
 is attached hereto
OR
 was filed on (MM/DD/YYYY) **08/18/2003** at United States Application Number or PCT International Application Number _____

Application Number 10/643,719 and was amended on 08/08/2007 (N/A (Serial No.))

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to actions taken against me.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority claim sheet (PCT/CB2007-000171).

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) filed previously.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/404,074	08/16/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2].
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which becomes available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/029 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24339** → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number **24339** OR Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any) Edward		Family Name or Surname Goff	
Inventor's Signature	<i>Edward Goff</i>		Date 12-16-03
Residence: City	Phoenix	State	AZ
Post Office Address	Country USA		
Post Office Address	City Phoenix State AZ zip 85016 Country USA		

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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PTO/SB/02A (3-07)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Tom		Motsenbocker				
Inventor's Signature						Date
Residence: City	Flagstaff	State	AZ	Country	USA	Citizenship
Post Office Address	3305 South Skye Way					
Post Office Address						
City	Flagstaff	State	AZ	ZIP	86002	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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